

EXHIBIT 6

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs . . .

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Pg 1 of 6
Revised
Fatality
Hit and Run

	X
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	X

TRAFFIC COLLISION REPORT						Investigation Made at Scene		Fatality
ELK CITY POLICE DEPARTMENT						Photographs		Hit and Run
(1) Report No.						Date Number (Agency Use)		
19-0160								
(2) Date of Collision (mm/dd/yyyy)						Motor Vehicle Involved	Number Injured	Number Killed
10/04/2019						02	00	00
(3) Distance from nearest city or town limits						Nearest City or Town Name and State		
105005 BECKHAM						TX ELK CITY		
(4) Street, Road or Highway						State Highway		
BUSINESS LOOP I-40						STATE HIGHWAY 84		
(5) Unit Occupants Type						Name		
0101D						WOLF DANIEL JOSEPH		
(6) Address						City State Zip		
12979 US HIGHWAY 281 WINDTHORST TX 76389						9409232232		
(7) Driver License Number						State Class Endorsement(s) Restriction(s) M, Sex, Type of Injury		
09305624						TX APT A 1 0000014		
(8) Second Licensed Test (H, B, C, D, E, F, G, H, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)						To Medical Facility		
Air Bag 11150						License Plate Number State Month Year		
VIN 1XP6DB8XXSD358875						R359414 TX 12 2019		
(9) Insurance Company Name Policy Number						Extent of Damage		
PROGRESSIVE COUNTY MUTUAL INS CO 03963893-2						TR 10 4		
(10) Vehicle Removed by						Insurance Telephone (Use Area Code)		
Remained at scene						8004444487		
(11) Owner's Address City State Zip						Towed Veh. Type		
12979 US HIGHWAY 281 WINDTHORST TX 76389						Overhead Load 000 Rolled Burned Phone present Phone in use		
(12) Citation Number						Status/Ordinance Number		
(13) Unit Occupants Type						Name		
0201D						HARPER DEEDRA RHAE		
(14) Address City State Zip						City State Zip		
108 THORNTON LN. ELK CITY OK 73644						5808214080		
(15) Other License Number						State Class Endorsement(s) Restriction(s) M, Sex, Type of Injury		
082358096						OK D 1 0 0000014		
(16) Second Licensed Test (H, B, C, D, E, F, G, H, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)						To Medical Facility		
Air Bag 11150						Private Vehicle To: Great Plains Regional Medical Center		
(17) VIN 1C3CCBBG3DN715457						Vehicle Year Color and Color Make Model		
2013 MAR 000 CHRY 2TR						Veh. Conf. Extent of Damage		
(18) Insurance Company Name Policy Number						Insurance Telephone (Use Area Code)		
ALLSTATE FIRE AND CASUALTY INS CO 986 700 303						4058437590		
(19) Vehicle Removed by						Owner's Last Name First Middle Initial		
Halnes Wrecker Service HARPER BOBBY JOE								
(20) Owner's Address City State Zip						City State Zip		
108 THORTON LN ELK CITY OK 73644						Overhead Load 000 Rolled Burned Phone present Phone in use		
(21) Citation Number						Status/Ordinance Number		
(22) Unit Occupants Type						Name		
LAUGHLIN, MICHAEL						CHANEY		
(23) Unit Type						Type of Injury		
Other Car Other Passenger Van Truck Motorcycle Scooter						Not Applicable Under no circumstances shall be used for any purpose other than as intended		
(24) Unit Type						Type of Injury		
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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

 Incident Report
 Investigation Completed
 Investigation Made at Scene
 Photographs

 Y N Pg 2 of 6
 X X
 X X Revised
 X X Fatality
 X X Hit and Run

DO NOT WRITE IN THIS SPACE

(1) Reporting Agency
ELK CITY POLICE DEPARTMENT Case Number (Agency Use) **19-0160** Major Vehicles Involved **02** Number Injured **00** Number Killed **00**

(2) Date of Collision (mm/dd/yyyy) **10/04/2019** Time **1050** County Number and Name **05 BECKHAM** Nearest City or Town Number and Name **10 ELK CITY**

(3) Distance from Nearest City or Town Limit
 (4) Street, Road or Highway **BUSINESS LOOP I-40** (Newest) Intersecting Street, Road or Highway **STATE HIGHWAY 34**

(5) Driver License Number
0A01D Last Name **LUNGREN** First **KELLY** Middle **RUSSELL** Date of Birth (mm/dd/yyyy) **08/05/1982** Sex **M**

(6) Address
PO BOX 163 City **LEEDY** State **OK** Zip **73854** Telephone (Use Area Code) **5805152297**

(7) Driver License Number
S081533068 State **OK** Class Endorsement(s) **NTM** Restriction(s) **1A0** Type of Injury **000000** Driver's License Condition **1**

(8) Blocked/Excluded Test **0** (9) BAC **0** Transported by **HCQ477** License Plate Number **OK 042020**

(9) VIN **1FTFW1E59JKE30098** Vehicle Year **2018** Color **GLD** Make **FORD** Model **F150** Veh. Conf. **04** Extent of Damage **1**

(10) Insurance Company Name **LUNGREN** Policy Number **KELLY** Insurance Telephone (Use Area Code) **RUSSELL**

(11) Vehicle Removed by **LUNGREN** Date of Removal **KELLY** Misdemeanor **RUSSELL**

(12) Owner's Address
PO BOX 163 City **LEEDY** State **OK** Zip **73854** Towed Veh. Type **00** Rolled Over **0** Phone present **0**

(13) Citation Number **000000** Statute/Ordinance Number **000000** Citation Number **000000** Statute/Ordinance Number **000000**

(14) Driver License Number
000000 State **OK** Class Endorsement(s) **NTM** Restriction(s) **1A0** Type of Injury **000000** Driver's License Condition **1**

(15) Blocked/Excluded Test **0** (16) BAC **0** Transported by **HCQ477** License Plate Number **OK 042020**

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(18) Insurance Company Name **LUNGREN** Policy Number **KELLY** Insurance Telephone (Use Area Code) **RUSSELL**

(19) Vehicle Removed by **LUNGREN** Date of Removal **KELLY** Misdemeanor **RUSSELL**

(20) Owner's Address
PO BOX 163 City **LEEDY** State **OK** Zip **73854** Towed Veh. Type **00** Rolled Over **0** Phone present **0**

(21) Citation Number **000000** Statute/Ordinance Number **000000** Citation Number **000000** Statute/Ordinance Number **000000**

(22) Investigating Officer
AUGHLIN, MICHAEL Badge Number **00020** Incident Number **19-0160** Date of Report (mm/dd/yyyy) **10/04/2019**

(23) Type of Injury
 (24) Driver's License Condition
 (25) Statute/Ordinance Number
 (26) Citation Number
 (27) Insurance Company Name
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 (29) Insurance Telephone (Use Area Code)
 (30) Vehicle Removed by
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 (578) Extent of Damage
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 (580) Policy Number
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Case Number 10-0100

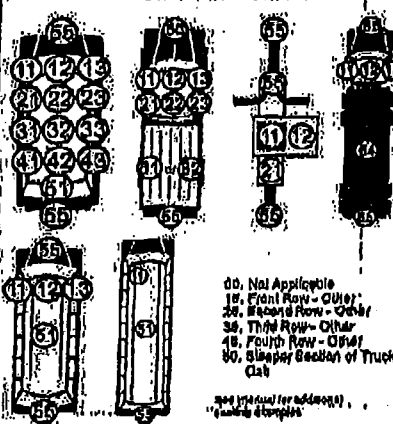
Pg 3 of 6

(26) VIN	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(27) Address	City						State	Zip
(28) Injury Severity / Type	OP Use	Air Bag Deployed	Estimated Transported by	To Medical Facility		Property Type		
(29) VIN	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(30) Address	City						State	Zip
(31) Injury Severity / Type	OP Use	Air Bag Deployed	Estimated Transported by	To Medical Facility		Property Type		
(32) VIN	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(33) Address	City						State	Zip
(34) Injury Severity / Type	OP Use	Air Bag Deployed	Estimated Transported by	To Medical Facility		Property Type		
(35) VIN	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(36) Address	City						State	Zip
(37) Injury Severity / Type	OP Use	Air Bag Deployed	Estimated Transported by	To Medical Facility		Property Type		

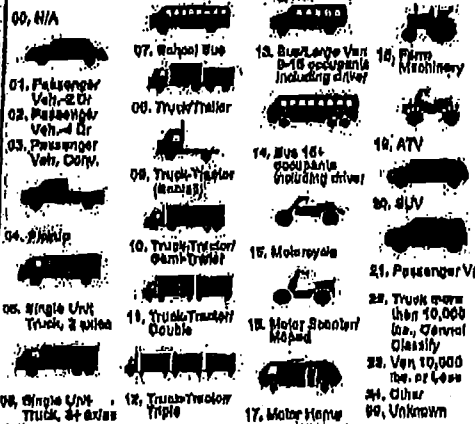
Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

(38) VIN	Company Name	Address
01	3 D Wolf Transport LLC	12979 US Highway 281
(39) City	State	Zip
Windthorst	TX	76389
(40) U.S. DOT Number	NAS / Report Number	Placard Number
2306331	OK	0
(41) VIN	Company Name	Address
01		
(42) City	State	Zip
(43) U.S. DOT Number	NAS / Report Number	Placard Number
	OK	

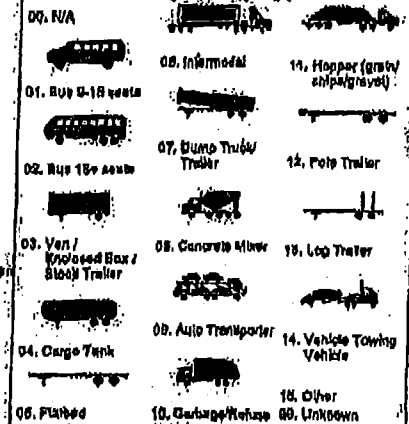
Position in Vehicle



Vehicle Configuration



Cargo Body Type



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Case Number 19-0160

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 4 of 6

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian/Pedalcyclist Only		Safety		Unit Number of Vehicle	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		
Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
01	04	45	00	00	00	00	00	0			
02	04	45	00	00	00	00	00	0			
Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Interchange or Moving Work 5 Unknown											
Location of the Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 6 Unknown											
Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>											
Light		1	What Vehicle Was Doing to Do	Unit 1	Unit 2	Under/Over/Override		Unit 1	Unit 2		
1 Daylight		01	00 Not Applicable	01	07	0 Not Applicable		01	07		
2 Dark-Not Lighted		02	01 Go Ahead			1 No Under/Over/Override					
3 Dark-Lighted		03	02 Turn Left			2 Under/Over/Override					
4 Dawn		04	03 Turn Right			3 Under/Over/Override					
5 Dark-Unknown		05	04 Make "U" Turn			4 Under/Over/Override					
6 Lighting		06	05 Stop			5 Under/Over/Override					
7 Other		07	06 Slow for Cause			6 Under/Over/Override					
8 Unknown		08	07 Start from Park/Stop			7 Under/Over/Override					
		09	08 Change Lanes			8 Under/Over/Override					
		10	09 Overtake			9 Under/Over/Override					
		11	10 Pass			0 Unknown					
		12	11 Back								
		13	12 Remain Stopped								
		14	13 Remain Parked								
		15	14 Enter/Merge in Traffic								
		16	15 Negotiate a Curve								
		17	16 Park								
		18	17 Other								
		19	18 Unknown								
		20	19 Unknown								
Weather		01	What Vehicle Did	Unit 1	Unit 2	Traffic Control		Unit 1	Unit 2		
01 Clear		01	00 Not Applicable	01	07	00 No Control		01	07		
02 Fog/Smog/Smoke		02	01 Went Ahead			01 Stop Sign					
03 Cloudy		03	02 Turned Left			02 Traffic Signal					
04 Rain		04	03 Turned Right			03 Flashing Traffic Signal					
05 Snow		05	04 Shared "U" Turn			04 School Zone Signs					
06 Sleet/Hail (Freezing Rain/Ice)		06	05 Stopped			05 Yield Sign					
07 Severe Crosswind		07	06 Slowed			06 Warning Sign					
08 Blowing Snow		08	07 Started from Park/Stop			07 Railroad Advance Warning Sign					
09 Blowing Sand, Silt, Dirt		09	08 Entered Other Lane			08 Railroad Cross Buck					
10 Other		10	09 Overtaking			09 Railroad Gate					
11 Unknown		11	10 Passing			10 Railroad Signal					
		12	11 Backed			11 No Passing Zone					
		13	12 Remained Stopped			12 Person (including flagger, law enforcement, crossing guard, etc.)					
		14	13 Remained Parked			13 Abnormal Control					
		15	14 Entered/Merged			14 Other					
		16	15 Departed Roadway-Right			15 Unknown					
		17	16 Departed Roadway-Left								
		18	17 Swerved Right								
		19	18 Swerved Left								
		20	19 Other								
		21	20 Unknown								
Locality		2	Visibility Observed by	Unit 1	Unit 2	Road Surface Conditions		Unit 1	Unit 2		
1 Residential		01	00 Not Applicable	01	07	01 Dry		01	07		
2 Business		02	01 Went Ahead			02 Wet					
3 Industrial		03	02 Turned Left			03 Ice/Frost					
4 School		04	03 Turned Right			04 Snow					
5 Not Built-up		05	04 Shared "U" Turn			05 Mud, Dirt, Gravel					
6 Mixed Use		06	05 Stopped			06 Slush					
7 Other		07	06 Slowed			07 Water (standing, moving)					
8 Unknown		08	07 Started from Park/Stop			08 Sand					
		09	08 Entered Other Lane			09 Oil					
		10	09 Overtaking			10 Other					
		11	10 Passing			11 Unknown					
		12	11 Backed								
		13	12 Remained Stopped								
		14	13 Remained Parked								
		15	14 Entered/Merged								
		16	15 Departed Roadway-Right								
		17	16 Departed Roadway-Left								
		18	17 Swerved Right								
		19	18 Swerved Left								
		20	19 Other								
		21	20 Unknown								
Type of Intersection		4	Road Character	Unit 1	Unit 2	Road Alignment		Unit 1	Unit 2		
0 Not an Intersection		01	1 Level	01	07	1 Straight		01	07		
1 Y-Intersection		02	2 Hillcrest			2 Curve - Left					
2 T-Intersection		03	3 Uphill			3 Curve - Right					
3 Four-Way Intersection		04	4 Downhill								
4 Five-Point or More Intersection as Part of Interchange		05	5 Sag (bottom)								
5 Traffic Circle		06									
6 Roundabout		07									
7 Unknown		08									
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COLLISION EVENTS

58	Pavement Drop-Off
57	Ditch
56	Embankment
55	Island (Islanding)
54	Dividing Strip
53	Retaining Wall
52	Bridge Abutment
51	Bridge Pier or Support
50	Bridge Rail
49	Bridge Post
48	Bridge Curb
47	Bridge Super Structure (Beams)
46	Bridge Overhead Structure
45	Mailbox
44	Other Fixed Object
43	Other Highway Structure
42	Ground
41	Unknown

The collision occurred at the intersection of Business Loop I-40 and State Highway 34. Business Loop I-40 is an east-west oriented four lane divided roadway. State Highway 34 is a north-south oriented four lane divided roadway. Unit 1 was traveling south on State Highway 34 and failed to stop at the traffic signal that was illuminated red at the time. Unit 2 was east bound on Business Loop I-40. Unit 2 proceeded into the intersection when the light turned green and collided with unit 1. Unit A was facing east at the traffic light. In the turning lane to turn north, began to proceed into the intersection and observed unit 1 fail to stop at the traffic light and then stopped. It is believed that unit A hindered the view of unit 2. Driver of unit 2 was visibly shaken but refused medical treatment/transport by Elk City EMS. Driver unit 1 denied any injuries and refused medical treatment/transport by Elk City EMS. Unit A is a witness vehicle that possibly hindered the view of Unit 2. Unit 1 sustained disabling damage to the rear wheels of the trailer on the passenger side. Unit 2 sustained disabling damage to the rear of the vehicle.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPK-0102-04 REV 0102

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Case Number 19-0160

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

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damage to the front of the vehicle. Unit 1 was off the roadway until assistance could arrive to move the trailer. Unit 2 was towed by Haines Wrecker service. Approximate AOI is 18.5 feet east of the west extended curb line of State Highway 34 and 8.10 feet south of the north extended curb line of Business Loop I-40 east bound. AOR unit 1 is approximately 407.3 feet south of the AOI AOR of unit 2 is approximately 59 feet south-west of the AOI.



DPS: 0192-SUPP09 REV 0107